



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

**James Randolph Farris, M.D.
Regional Administrator**

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November 20, 2001

Our Reference: WA-OK0179.90.R2

Mr. Michael Fogarty
Chief Executive Officer
Oklahoma Health Care Authority
4545 North Lincoln Boulevard-Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your request to amend your Medicaid home and community-based services waiver (HCBSW) program No. 0179.90.R2 has been approved effective July 1, 2001. As authorized by section 1915 (c) of the Social Security Act, this HCBSW program is requested in order to provide home and community-based services to individuals, who but for the provision of such services, would require the level of care in an Intermediate Care Facility for the Mentally Retarded and Persons with Related Conditions (ICF/MR). This waiver has been assigned control number 0179.90.R2.01. This control number should be used in all future correspondence regarding the waiver.

Specifically, this amendment removes deinstitutionalization as a requirement for consumers to be able to receive Prevocational Services and Supported Employment under the provisions of the waiver.

The following estimates of utilization and cost estimates have been approved:

Year	Unduplicated Recipients	Factor "D"
1	3300	\$55,203
2	3500	\$55,480
3	3700	\$55,724
4	3900	\$55,771
5	4100	\$55,993

For your convenience, a copy of the approved amendment is enclosed with this correspondence. If you have any questions, please contact Cheryl Rupley at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations